U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

For Official Use Only

## FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U- 15067	2. Fiscal Year Covered From:	
	01 / 01 / 2004 Through: 12 / 31 / 3004	
3. Name and address of person filing.	4. Name, file number, and address of labor organization.	
Name TIMOTELL & NESSOL	Name PLASTICLER'S AND SHOP HANDOW COCAL IT So	
	Labor Organization File Number $043143$	
P.O. Box, Bldg., Room No., If any	P.O. Box, Building and Room Number, if any	
Street 1160 ISCATIO DE	Street 150 EXECUTIVE PARK BUYD SUITE 1200	
City ALAMEDA	City SANU FICANCIO	
State CA ZIP Code + 4 94502	State CA ZIP Code + 4 94784	
5. Position in labor organization.		
Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):		
A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.		
Name and address of Employer (including trade name, if any).	7.a. Nature of Interest, Transaction, or Income.	
Name		
Trade Name, if any:		
P.O. Box, Bldg., Room No., if any	7.b. Amount.	
Street	7.9. Allount.	
City		
State ZIP Code + 4		
Signature		
15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)		
Signed Air Boral M	You alto dot municiples to Discurring MY ADDLESS of HUMBER!  On 08/14/05 (510) 865 7053  Date Telephone Number	

Name of Person Filing	File Number U-	
B. Held an interest in or derived income or economic benefit with monetary vasubstantial part of which consists of buying from, selling or leasing to, or other of an employer whose employees your labor organization represents or is act (2) any part of which consists of buying from or selling or leasing directly or in dealing with your labor organization or with a trust in which your labor organization.	wise dealing with the business ively seeking to represent, or directly to, or otherwise	
8. Name and address of Business (including trade name, if any).  Name OGLATIVE PLASTICATION GOVERNOON FIG. JOHNSON FLOW JOHNSON FUND.  Trade Name, if any:  P.O. Box, Bldg., Room No., if any  Street #3.2 STANLLITE  City Sought San FLANCISCO  State CA ZIP Code + 4 94080	9. Business deals with:  a. Labor Organization b. Trust c. Employer	
10. If 9.b. or 9.c. is checked give trust or employer's name.  Name  Trade Name, if any:  P.O. Box, Bldg., Room No., if any	11.a. Nature of such dealing. THE THUST FOUR HEMED IN ITEM 8 PLOUDES APPLIED TRANSING FAL MOMENTS OF LOCAL GG. PURSUMING COLLECTIVE BANGARDING ASPERMENT, IN OLDER TO PAY F SUCH TRANSING, ENDLOTERS CONTRIBUTED \$.5.2 PEIL HOL EACH HOUR WORKED BY ENDLOTERS, FOIL THE TETAL A AMERICAN SHOWLIN MEN II. b.	10 M
Street	11.b. Approximate dollar value of such dealing. \$212,396.	00
City State ZIP Code + 4	12.a. Nature of interest held or income received.  I Art AN APPLEMENTE INSTITUCTUR AND RECEIVED WASHES FLOW THE TRUST FUND FOR MOTHER ATTHE CALIFORNIA CONTEST.	
	12.b. Amount. \$246.66	
C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.		
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.	
Name		
Trade Name, if any:		
P.O. Box, Bldg., Room No., if any		

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13.b. Is the Business an Employer

State

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I HAVE PROVIDED ALL OF THE INFORMATION I HAVE AT THIS TIME. IF MORE COMPLETE INFORMATION DECOMES AVAILABLE, I WILL FILE AN AMMERIDED FORM LM-30.

14.b. Amount of payment,

ZIP Code + 4

or Consultant